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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/166,569 06/10/2002 PAT 6,737,619
 which is a CON of 09/399,997 09/20/1999 PAT 6,441,354

This application 10/822,548
 is a CON of 09/897,317 07/02/2001

which is a CON of 09/399,580 09/20/1999 PAT 6,254,389

** FOREIGN APPLICATIONS *****

CANADA 2,246,663 09/18/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/23/2004

** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Patricia Butler</i> Initials <i>PB</i>	CANADA	7	41	7

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TITLE

Hand-held microwave polymerization system for dentistry

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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